

# Qualification Questionnaire for Grand Jury Service. Complete and return.

Minnesota Law requires you to serve on jury service if qualified. You may be guilty of a crime if you do one of the following (Minnesota Statute Chapter 593).

- Fail to return this jury questionnaire.
- Misrepresent information on this jury questionnaire
- Fail to show up for jury service as directed

## SECTION A - QUALIFICATION QUESTIONS

This questionnaire is necessary to determine whether you are qualified to serve as a juror. If another person assists you in completing the questionnaire, please explain why and indicate the person's name on the back of the form. Please check the appropriate boxes.

- ☒ Yes ☐ No 1. Are you a citizen of the United States?  
If NO, list country of citizenship \_\_\_\_\_
- ☒ Yes ☐ No 2. Are you at least 18 years old?  
If NO, enter date of birth \_\_\_\_\_ (mm/dd/yyyy)
- ☒ Yes ☐ No 3. Are you a resident of this County?
- ☒ Yes ☐ No 4. Are you able to speak and understand English and are others able to understand you?
- ☒ Yes ☐ No 5. Do you have a physical or mental disability that would affect your ability to serve on a jury? If YES, you must attach a written explanation. A medical statement may be required.
- ☐ Yes ☒ No 6. Have you ever been convicted of a felony? If YES, are you still on parole or still under the supervision of the Court, Probation, or Corrections? ☐ Yes ☐ No
- ☐ Yes ☒ No 7. Have you been on jury duty anywhere in Minnesota in the past four years? Please note that jury duty is not limited to actual service on a case. It is defined as a person who filled out the questionnaire, is qualified as a juror, and goes or is available to go to the courthouse to serve as a juror.  
If YES, when and where? \_\_\_\_\_

- ☐ Yes ☒ No 8. Are you a judge in the judicial branch?

FOR PERSONS AGE 70 OR OVER ONLY:

If you are 70 years of age or older, you may serve on jury duty OR you may be excused.  
Do you wish to be excused: ☐ Yes ☐ No  
If YES, enter date of birth \_\_\_\_\_ (mm/dd/yyyy)

QUESTIONNAIRE CONTINUES ON REVERSE SIDE - PLEASE COMPLETE BOTH SIDES OF THIS FORM.

Request to be excused from Grand Jury Service  
IS GRANTED. *H. R. Khat*

## SECOND NOTICE:

RETURN BY: DECEMBER 23, 2015

Date of Birth 3/1968

MARK LEE VALIMONT JR



108274022

01-04-2016

GRAND JURY 99  
Group Number.

Where: Freeborn County

PLAINTIFF'S  
EXHIBIT

**A**

010022

## SECTION B - STATISTICAL INFORMATION

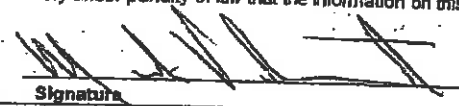
This information is required pursuant to Court rule and has no bearing on qualifications for jury service.

DATE OF BIRTH 1968	RACE (Mark an X in one or more boxes to indicate what race you consider yourself.) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Some Other Race	Are you of Spanish/Hispanic/Latino Origin or Descent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
YOUR OCCUPATION Self-Employed	EDUCATION <input type="checkbox"/> Less Than High School Diploma <input checked="" type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some College, Vocational or Other Additional Education	<input type="checkbox"/> Bachelors, Vocational or Equivalent Degree <input type="checkbox"/> Masters, Advanced or Equivalent Degree	
MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried	SPOUSE'S OCCUPATION	AGE(S) OF CHILDREN 1.) 2/2 2001 3.) 4.) 5.)	

PLEASE PROVIDE PHONE NUMBER(S) WHERE YOU MAY BE CONTACTED.		
HOME PHONE	WORK PHONE	CELL PHONE text

ROUND TRIP MILEAGE (Residence to Courthouse)
less 2 miles.

PLEASE PRINT ANY CHANGE IN NAME OR MAILING ADDRESS			
LAST NAME	FIRST	MIDDLE	
ADDRESS	CITY	STATE	ZIP

SIGN and RETURN this completed questionnaire within 10 days.		
If another person assisted you in completing this form, please explain why and indicate the name of the person here.		
I certify under penalty of law that the information on this questionnaire is true and correct.		
Signature 	Print Name Mark Valimont	Date 12/14/15

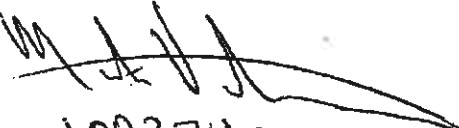
**Teresa VanBuskirk Affidavit Exhibit 1**

12/14/2015

Ma'am or Sir,

I, Mark Vallmont, am Deaf and troubled physically body. Two things I need to access is a certified legal American Sign Language interpreter and a comfortly soft chair with both soft arms to support. I happened to be a survivor.

Highly appreciated,

  
108274022

Theresa,  
Not quite clear  
to me. Is he  
asking to be removed  
or just telling me  
his needs?

SRS

